



# SWP REPORTING WEBINAR

Michigan Department of Health &  
Human Services  
School Wellness Program  
March 21, 2018

# HOUSEKEEPING

Webinar Link: <http://breeze.mdch.train.org/cahc/>

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"So what does everyone on the phone think?  
Person with the barking dog, do you agree?  
And John, are you on mute again?"

# PURPOSE OF TODAY'S WEBINAR

To review proposed FY2019 reporting changes and provide feedback to MDHHS

- To explain new reporting elements and the rationale for inclusion in quarterly reports
- To better understand what data are feasible for sites to collect
- To engage in dialogue prior to submitting feedback

Feedback will be collected for 30 days, closing on **Friday, April 20, 2018.**

- Send responses to [londoc1@michigan.gov](mailto:londoc1@michigan.gov)

# HELPFUL RESOURCES: [WWW.MICHIGAN.GOV/SWP](http://WWW.MICHIGAN.GOV/SWP)

**Minimum  
Program  
Requirements**

*Updated January, 2018*

**Narrative Report  
Templates**

*TBD Spring and Fall*

**SWP Quarterly  
Reporting  
Definitions**

*Attached*

**GAS Template/  
Work Plan**

*Distributed with NCAP*

# USER & VISIT DEFINITIONS

Courtney Londo  
SWP Coordinator

# DEFINITION OF AN UNDUPLICATED USER

An individual who has presented themselves to the health center (SWP) for service with the main medical provider (licensed registered nurse) or the main mental health provider, and for whom a record has been opened.

Opening a record includes documenting an assessment, developing a treatment plan/plan of care, follow-up/evaluation as appropriate to visit; and, for mental health only, also includes making a diagnosis.

# USER DEMOGRAPHICS

## Age Range

0 -4 years

5 -9 years

10 – 17 years

18 – 21 years

## Sex

Male

Female

## Race

White

Black/African American

Asian

Native Hawaiian or Pacific Islander

American Indian or Alaskan Native

More than one race

# USER DEMOGRAPHICS CONT.

## **Ethnicity**

Hispanic/Latino

Arab/Chaldean

Note: Total number of unduplicated users, users by race and users by ethnicity will likely not equal each other.



# TOTAL VISITS BY PROVIDER TYPE

1

Nurse Provider  
includes the licensed  
registered nurse (RN)

2

Mental Health  
Provider must be  
minimum Master's  
prepared and licensed

3

Other Providers may  
include nurse  
practitioner, physician  
assistant, physician,  
registered  
dietician/nutritionist,  
health educator, oral  
health provider or  
another provider.

4

Telehealth Visits  
include when the SWP  
provides this service  
and user is established  
per definition

Visits with other providers can only be counted after the client has been established as an SWP user.

# DEFINITION OF A VISIT

A visit is a significant encounter between an SWP provider and a new (unduplicated) user or established (duplicated) user.

Each visit should be documented as appropriate to the visit and provider.

Opening a record includes documenting an assessment, developing a treatment plan/plan of care, follow-up/evaluation as appropriate to visit; and, for mental health only, also includes making a diagnosis.

A user will likely have multiple visits per year.

# NURSING SERVICES

Pat Bednarz  
SWP Nurse Consultant

# TYPES OF NURSING SERVICES

**Definition of Nursing Contact:** Nursing contact includes services that occur within a visit or follow-up care that is documented in the client's record.

- Care Coordination
- Client Education
- Communicable Disease Management
- Crisis Intervention
- Immunizations Promotion
- Medication Administration
- Screening Follow-Up for Vision and/or Hearing

# TYPES OF NURSING SERVICES - DEFINED

- **Care Coordination:** The number of nursing contacts (parent/guardian, primary care provider, agency, school staff) for care coordination and chronic disease management (asthma, diabetes, epilepsy, allergies, etc.)
- **Client Education:** The number of nursing contacts with clients to provide education in a one-on-one setting on information related to a specific disease process, medications, prevention, health promotion etc.
- **Communicable Disease Management:** The number of nursing contacts (community, local health department, primary care provider, school staff, parent/guardian) to decrease and manage the incidence and prevalence of contagious disease in specific populations
- **Crisis Intervention:** The number of nursing contacts with clients for short-term counseling to help the client cope with a crisis and resume a state of functioning comparable to or better than the pre-crisis state

# TYPES OF NURSING SERVICES - DEFINED

- **Immunization Promotion:** The number of nursing contacts (client, parent/guardian, local health department, primary care provider) that include monitoring immunization status and/or facilitating access to vaccines
- **Medication Administration:** The number of nursing contacts with clients for the administration of prescription and non-prescription drugs
- **Screening Follow-Up for Vision and/or Hearing:** The number of nursing contacts (parent/guardian, primary care provider) for failed vision or hearing screen follow-up

# CHRONIC CONDITION MANAGEMENT

## **Number of Clients with Chronic Condition(s)**

The number of clients seen per quarter with a diagnosis of a chronic disease, including allergies, asthma, diabetes, epilepsy, and/or obesity

## **Percent of Clients with Chronic Conditions with Documented Evidence of Case Management Plans**

The percent of clients seen per quarter with a diagnosis of a chronic disease who have an individualized care plan(s) and/or action plan(s) which may include annual medication monitoring

# QUALITY INDICATORS

For each of the Quality Measures, report the CUMULATIVE or YTD NUMBER each quarter.

Each quarter, your data should be at least equal to, but likely greater than, the previous quarter.

Note that this is different than the quarterly reporting elements, where data is reported by quarter for that specific quarter only.



# QUALITY INDICATOR: RISK ASSESSMENT

## **Number of Unduplicated Clients with an Up-to-Date Risk Assessment / Anticipatory Guidance**

- Report the number of clients that are complete with an annual risk assessment or anticipatory guidance (elementary age clients).
- This may include clients that are UTD because they completed the risk assessment/anticipatory guidance in a previous fiscal year, but are being seen in the SWP in the current fiscal year.

# MENTAL HEALTH SERVICES

Lauren Kazee  
Mental Health Consultant

# QUALITY INDICATOR: DEPRESSION SCREENING

## **Number of Unduplicated Clients Ages 10 – 21 Years with an Up-to-Date Depression Screen Using Either Risk Assessment or a Specific Depression Screening Tool**

- Report the number of unduplicated clients 10-21 years of age who are up-to-date with depression screening.
- This information should come directly from a risk assessment, so the number screened (flagged) for depression may equal or be very close to the number of risk assessments.
- This is not the same as a depression assessment conducted by a mental health provider or main clinical provider.
- Do not double count clients who were screened (flagged) for depression using a risk assessment, who then subsequently completed a specific depression screening tool or depression assessment (e.g., Beck's, PHQ-9, etc).

# QUALITY INDICATOR: DEPRESSION SCREENING

## **Number of Clients Ages 12 Years and Up with a Positive Depression Screen (Assessment)**

- Report the number of clients (age 12 years and older) with a with a positive depression screen (assessment) according to the score on the depression screening tool/assessment, who receive treatment at the SWP.
- Exclude the following: a) those who are already receiving care elsewhere, and b) those who are referred out of the SWP for treatment.

# QUALITY INDICATOR: DEPRESSION SCREENING

## **Number of Clients Ages 12 Years and Up with a Positive Depression Screen (Assessment) who have Documented, Appropriate Follow-Up**

- Report the number of clients from the denominator who have all of elements of an appropriate follow-up plan:
  - a) Had a psycho-social assessment completed by 3rd visit (includes suicide risk assessment/safety plan),
  - b) Had a treatment plan developed by 3rd visit,
  - c) Treatment plan reviewed @ 90 days (for those on caseload for 90+ days), and
  - d) Screener re-administered at appropriate interval to determine change in score.

# MENTAL HEALTH PROBLEM DIAGNOSES

## **Diagnoses and Procedure Codes and Frequency**

Reported on annual basis only:

- Mental Health Problem Diagnoses - Top 5 diagnoses from the mental health provider

# OTHER QUARTERLY REPORT DEFINITIONS

Medicaid Outreach, Health  
Education, Referrals

# MEDICAID OUTREACH: AREA 1

## **Area 1: Medicaid Outreach and Public Awareness**

Outreach activities include:

- Informing eligible or potentially eligible individuals about Medicaid and how to access Medicaid services
- Describing the services covered under a Medicaid program as part of a broader presentation e.g., within the context of a health education program

Examples include:

- Medicaid literature distribution
- Using print or electronic media, school announcements to promote Medicaid covered services
- Participating in health fairs where such literature is distributed



# MEDICAID OUTREACH: AREA 2

## **Area 2: Facilitating Medicaid Eligibility Determination**

Activities that demonstrate facilitating Medicaid eligibility are those where the SWP staff assists in the Medicaid enrollment process by enrolling uninsured clients onsite at the SWP.

Report the following:

- Unduplicated number of uninsured clients who access the SWP during the year, broken down by quarter
- Unduplicated number of uninsured clients assisted onsite with completion of the Medicaid application
- Unduplicated number of uninsured clients that your SWP assisted onsite with enrollment that were successfully enrolled

# MEDICAID OUTREACH: AREA 2 TIP & EXAMPLE

The number of uninsured clients assisted onsite with completion of the Medicaid application, should not be greater than the number of uninsured clients who access the SWP during the year.

The number of clients that your health center assisted onsite with enrollment that were successfully enrolled, should not be greater than the number of clients that were assisted onsite with completion of the Medicaid application.



# YOUR QUESTIONS ANSWERED ABOUT MEDICAID OUTREACH

## **Why are we required to report data on Medicaid activities?**

- Medicaid Match increases the total grant dollars, allowing MDHHS to fund more centers
- Michigan draws down Medicaid "matched" funds which increases our program dollars by three-fold!

## **Why can't we refer clients to the sponsoring agency and/or community agency to be assisted with enrollment applications?**

- Required by MDHHS that all SWPs assist clients in enrolling in Medicaid on-site as part of Medicaid outreach area #2, as outlined in [MSA Bulletin 04-13](#)
- If partnering with Pathways to Potential, this should be reflected in your policies and procedures (along with a plan and timeframe for follow-up), which will be reviewed during a site review

**More questions?** Contact Robin Turner for one-on-one support at [TurnerR8@michigan.gov](mailto:TurnerR8@michigan.gov) or 517-243-4531

# HEALTH EDUCATION DEFINED

Includes group education experiences delivered by the SWP in any setting (classroom, health center, after school, assemblies, etc.)

Designed to help children and youth improve their health by increasing knowledge, influencing attitudes, and changing behaviors

Does not include individual education, individual therapy, or group therapy

Report the duplicated number of participants in group health education

The number of participants reported here are separate from those that participated in evidence-based programs included in the Goal Attainment Scaling report.

# HEALTH EDUCATION CATEGORIES

General  
Medical/  
Chronic Disease

Health  
Promotion and  
Risk Reduction

Mental Health/  
Social-Emotional  
Health

Sexual/  
Reproductive  
Health

# HEALTH EDUCATION CATEGORIES DEFINED (1)

## **General Medical/Chronic Disease**

Includes health education that focuses on:

- Increased knowledge and management of chronic conditions (e.g., asthma, diabetes, food allergies, etc.)
- General education around the management of acute illnesses, injuries, flu, infection and other medical conditions or diagnoses

Examples include:

- Education on asthma management, vaccine-preventable diseases, oral health, sports injuries, etc.

Report the number of participants per quarter that received general medical/chronic disease health education

# HEALTH EDUCATION CATEGORIES DEFINED (2)

## **Health Promotion and Risk Reduction**

Includes health education and behavior modification education for the purpose of promoting health and/or reducing risk behavior that is not specifically addressed in another area

Examples include:

- Smoking cessation, alcohol, tobacco and other drug prevention, stress management, personal hygiene, healthy diet (if not related to a chronic medical condition), etc.

Report the number of participants per quarter that received health promotion and risk reduction health education

# HEALTH EDUCATION CATEGORIES DEFINED (3)

## **Mental Health/Social-Emotional Health**

Includes health education designed to facilitate the best possible social and emotional well-being of youth

Examples include:

- Suicide prevention and bullying

Report the number of participants per quarter that received mental/social-emotional health education



# HEALTH EDUCATION CATEGORIES DEFINED (4)

## **Sexual/Reproductive Health**

Includes health education about sexual and reproductive health

Examples include:

- Sexually transmitted infections (including HIV), pregnancy prevention, reduction of sexual risk-taking behavior and healthy relationships

Report the number of participants per quarter that received sexual/reproductive health education

# HEALTH EDUCATION EXAMPLE

**Group Education**

**Duplicated Count**

**Separate from GAS**

**Example:**

**Six week program**

**Meets once a week**

**10 Participants each week**

**Total = 60 participants**

# SWP NETWORK REFERRALS

**This section applies to Network SWPs only:**

- **Referrals to Network Hub Site** – Report the number of client referrals per quarter to the Network Hub Site, broken down by general medical, oral health, psychiatric/mental health, sexual health, and other referrals.
- **Referrals to Other Agencies** - Report the number of client referrals per quarter to other agencies, broken down by general medical, oral health, psychiatric/mental health, sexual health, and other referrals.
- **Referrals from School Staff** – Report the number of client referrals per quarter from school staff, broken down by general medical, oral health, psychiatric/mental health, sexual health, and other referrals

# ANNUAL REPORT DEFINITIONS

Point-of-care testing, oral health,  
immunizations, billing

# SPECIFIED NUMBER OF TESTS & POSITIVES: MEDICAL TESTS

## Reported on an annual basis only:

- **Pregnancy Tests** – Overall number of pregnancy tests conducted due to possible pregnancies; number of positive pregnancy tests
- **Chlamydia and Gonorrhea** – Overall number of Chlamydia and Gonorrhea tests conducted; number of positive Chlamydia and Gonorrhea diagnoses; number of positive Chlamydia cases treated onsite at the SWP
- **HIV Tests** – Overall number of anonymous and confidential HIV tests conducted

# ORAL HEALTH SERVICES

## Reported on an annual basis only:

- **Cleaning (prophylaxis)** – Overall number of cleanings during the year
- **Sealants** – Overall number of sealants during the year
- **Oral Exam** – Overall number of oral exams during the year; a dentist is the only person allowed to complete and bill for an exam
- **Fluoride Treatment** – Overall number of fluoride treatments during the year

# IMMUNIZATIONS

## Reported on an annual basis only:

- **Immunizations** – Number of immunizations (shots) billed to Medicaid Health Plans (MHPs) during the year
- **Immunizations** – Overall number of immunizations (shots) provided during the year, regardless of payor

# BILLING REPORT

## **Reported on annual basis only by those SWPs that are billing for services:**

Enter the dollar amount in claims submitted for services provided during the current fiscal year (October 1 - September 30), regardless of whether or not the claims were paid during the fiscal year.

Enter the dollar amount received in revenue during the current fiscal year (October 1 - September 30), regardless of whether or not revenue resulted from claims filed during the fiscal year.

For each of these entries, you will be entering data by:

- Medicaid Health Plan/Medicaid (from a drop-down menu)
- Commercial
- Self-Pay
- Other

### **Note:**

The estimated percent of claims paid and unpaid (based on dollar amount, not on number of claims) and payor mix will be auto-totaled.



# BILLING REPORT

**Reported on annual basis only by those SWPs that are billing for services:**

## 5 Most Common Reasons for Rejection of Submitted Claims

- Select the five most common reasons for rejection of submitted claims from the dropdown menu according to best-fit category.

# NEXT STEPS & OTHER ANNOUNCEMENTS

Looking beyond the reporting  
requirements

# NEXT STEPS FOR SWP FY19 REPORTING

Collect feedback from sites for 30 days

- Provide input to [londoc1@michigan.gov](mailto:londoc1@michigan.gov) by close of business on **Friday, April 20, 2018**

Finalize documents: reporting elements and definitions

- Post online at [www.michigan.gov/swp](http://www.michigan.gov/swp)

Build SWP Module in online [Clinical Reporting Tool \(CRT\)](#)

Train SWP staff on the use of the CRT

- Release [CRT user guide](#)
- Host webinar in late fall/early winter

Start reporting on new measures and online tool in FY19 beginning with Q1 report

- Due January 30, 2019 for activities conducted October 1, 2018 through December 31, 2018

# OTHER ANNOUNCEMENTS: NCAPS DUE MAY 18!

FY19 Non-Competitive Application for **Clinical, Alternative Clinical, School Wellness Programs**, and **Network** projects released on March 16, 2018

- Non-competitive renewal
- Only sites funded in FY18 are able to apply

Completed applications due **May 18, 2018**

Submit via email to [mdhhs-cahc@michigan.gov](mailto:mdhhs-cahc@michigan.gov) and [londoc1@michigan.gov](mailto:londoc1@michigan.gov)

- Submit electronically in one PDF document
- Save as "Health Center Name-NCAPFY19"

# WWW.MICHIGAN.GOV/CAHC - “WHAT’S NEW?”

## What's New

- **Release of the FY19 Non-Competitive Application**

The FY19 Non-Competitive application for continuation of funding for the Child and Adolescent Health Center Program is now available. Applications are due May 18, 2018.

- **Comprehensive Needs Assessment Resource**

This is a sampling of some of the more common data points for consideration in a comprehensive needs assessment (required of every CAHC/SWP at least every three years)

- FY19 Application
- Application Coversheet and Staffing List
- CAHC Budget Summary and Cost Detail
- Budget Justification Template
- Focus Area Selection Worksheet
- Clinical and Alternative Clinical GAS Template
- School Wellness Program GAS Template
- Behavioral Health Services Model GAS Template

- **Clinical Reporting Tool (CRT) Update**

The CRT user guide serves as a tool to assist assigned users in entering and editing quarterly data. This webinar will orient assigned users to the CRT.

- **FY18 Minimum Program Requirement Changes Brief**

An overview of the FY18 MPR changes, effective October 1, 2017.

- **CAHC Mental Health Quality Measure**

Voluntary mental health CQI measures for FY18 are detailed.

# PLANS FOR SWP TRAINING AND TECHNICAL ASSISTANCE

Regular conference calls/webinars on programmatic topics:

- Minimum program requirements
  - Needs assessment, risk assessment, Medicaid outreach, policies and procedures, school staff training and professional development, standing orders, continuous quality improvement, community advisory council, youth advisory council
- Quarterly and year-end reporting elements and definitions
- Evidence-based interventions and goal attainment scaling report
- Financial status report
- Site review preparation, site review tool overview
- Non-competitive application process and continuation of funding

Will distribute available training information on the topics identified in survey.

# SWP SITE REVIEWS

Last round of site reviews occurred around 5 years ago

We are overdue!

Thoughtful process with plenty of input and technical assistance

Target timeframe:

- Early 2018: To update the site review tool internally and send to all of you for feedback
- Spring, 2018: To host a series of webinars and conference calls to walk through each specific area of the site review tool, answer questions, and help your site to prepare
- Summer, 2018: Encourage SWP sites to begin preparation for site reviews, as time and schedules allow
- Fall, 2018: Begin to schedule site reviews
- Late fall/early winter, 2018: Site reviews to begin

# GOAL: SWP REPORT CARD

## Why?

- To measure (and demonstrate) the value of SWPs
- To use of a core set of standardized measures
- To show effectiveness, efficiency and quality in child and adolescent health care across the state's diverse SWP models
- To collect (and review) program-wide data to demonstrate quality and compliance with national standards

## What?

- Similar to the CAHC report card (pictured)
- Quarterly and year-end reporting elements



## Michigan Child and Adolescent Health Center FY16 Report Card

SERVICES TO CHILDREN AND ADOLESCENTS		
METRIC	FY 2015	FY 2016
Number of unduplicated clients aged 21 and under	30,434	34,828
Number of physical exams provided	13,489	15,969
Number of immunizations provided	26,337	29,201
Median percent of pregnancy tests that were positive (n=71 CAHCs)	7%	5%
Median percent of chlamydia tests that were positive (n=75 CAHCs)	11%	10%
Number uninsured clients enrolled in Medicaid by the health center	858	950
ADMINISTRATION & REGULATION		
CAHCs reaching 90% or more of Projected Performance Output Measure (PPOH= number of unduplicated users that centers project to reach) (n=76 CAHCs)	<b>65%</b>	<b>59%</b>
Received an "A" or "B" grade at site review (n=21 CAHCs in FY15; n=16 CAHCs in FY16)	100%	100%

PREVENTION AND DISEASE CONTROL			
METRIC (all values represent the median across CAHCs)	FY 2015	FY 2016	Threshold
Percent of clients with:			
An up-to-date, documented comprehensive physical exam, regardless of where exam provided (n=74)	<b>66%</b>	<b>67%</b>	Reasonable Percentage
An up-to-date risk assessment (n=74)	<b>87%</b>	<b>90%</b>	90%
A diagnosis of asthma who have individualized care plan** (n=74)	<b>79%</b>	<b>77%</b>	100%†
A BMI ≥85th percentile who have evidence of nutrition and physical activity counseling (n=74)	<b>90%</b>	<b>94%</b>	100%†
Current tobacco use who are assisted with cessation (n=63)	<b>85%</b>	<b>100%</b>	75%
An up-to-date depression screen (n=74)	<b>86%</b>	<b>91%</b>	90%
A positive chlamydia test who are treated onsite (n=62)	<b>100%</b>	<b>100%</b>	90%

n = number of CAHCs reporting in FY 2016 (n=78 if not otherwise indicated)

\*\* Action Plan, which includes annual medication monitoring

† As close to 100% as possible, however this may be difficult to achieve with a higher number of cases

Red Bold Font indicates a measurement below the desired threshold

Download at [www.michigan.gov/cahc](http://www.michigan.gov/cahc)



# QUESTIONS?

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